


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90118 025 ****50.00

DOCUMENT # L02000007462 1. Entity Name BOMBOM CAFE, LLC					
Principal Place of Business 4440 BRICKELL AVE STE 415 MIAMI, FL 33131			Mailing Address 4440 BRICKELL AVE STE 415 MIAMI, FL 33131		
2. Principal Place of Business 444 Brickell Ave		3. Mailing Address 444 Brickell Ave.			
Suite, Apt. #, etc. Suite 415		Suite, Apt. #, etc. Suite 415			
City & State Miami, FL 33131-2405		City & State Miami, FL 33131-2405			
Zip	Country	Zip	Country		
4. FEI Number 01-0658001			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent TAVARES, CHARLES 444 BRICKELL AVENUE, SUITE 421 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES, CHARLES 4440 BRICKELL AVE STE 415 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES, CHARLES 444 Brickell Ave., Suite 415 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES, CHARLES 444 Brickell Ave., Suite 415 Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES, CHARLES 444 Brickell Ave., Suite 415 Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES, CHARLES 444 Brickell Ave., Suite 415 Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAVARES, CHARLES 444 Brickell Ave., Suite 415 Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ 3/23/05 305 3710701					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					